

PREPARED BY AND RETURN TO:  
DAVIS LAW FIRM, PLLC  
5185 Getwell Road  
Southaven, MS 38671  
(662) 393-8542  
05L-1013

3/10/06 2:45:12  
BK 523 PG 59  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

### QUITCLAIM DEED

JONI W. LANCASTER, EXECUTRIX OF THE ESTATE OF ELIZABETH WICKER,  
GRANTOR

TO:

JONI W. LANCASTER, a married person and CHARLES T. WICKER, a married person,  
GRANTEES

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, Joni W. Lancaster, Executrix of the Estate of Elizabeth Wicker, the undersigned Grantor does hereby sell, convey, and quitclaim unto the above Grantees, Joni W. Lancaster, a married person and Charles T. Wicker, a married person, as tenants in common, the following described real estate, located and situated in DeSoto County, Mississippi said property more particularly described as follows, to-wit:

Lot 85, Pinehurst Subdivision, Section F, located in Section 10, Township 2 South, Range 7 West, as recorded in Plat Book 47, Page 22, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Elizabeth Wicker died on May 28, 2005 in DeSoto County, Mississippi. The Last Will and Testament of Elizabeth Wicker was admitted to probate in the Chancery Court of DeSoto County, Mississippi, (Cause #05-07-1164). The Last Will and Testament of Elizabeth Wicker named Joni W. Lancaster as Executrix of said estate. A copy of the death certificate of Elizabeth Wicker is attached hereto as Exhibit "A".

THIS QUITCLAIM DEED IS BEING PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION AS NONE WAS REQUESTED. THE PROPERTY BEING CONVEYED DOES NOT CONSTITUTE THE GRANTOR'S NOR THE GRANTEES' HOMESTEAD.

This deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in Marshall County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Witness our signatures this the 9 day of MARCH, 2006.

Joni W. Lancaster  
Joni W. Lancaster, Executrix of the  
Estate of Elizabeth Wicker  
GRANTOR

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Joni Lancaster who acknowledged that she is Executrix of the Estate of Elizabeth Wicker and in said representative capacity she signed and delivered the above and foregoing instrument on the day and year therein mention and for the purposes therein expressed, after having been duly authorized so to do.

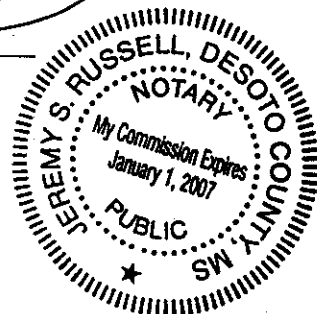
Given under my hand and seal this 9 day of March, 2006.

My Commission Expires:

NOTARY

Grantor's Address:  
4330 Nicholas Lane  
Southaven, MS 38671  
(H) 662-429-4821  
(W) 901-516-0808

Grantee's Address:  
2084 Getwell Road  
Nesbit, MS 38651  
(H) 662-429-4821  
(W) 901-516-0808



Davis

MISSISSIPPI STATE DEPARTMENT OF HEALTH BK 523 PG 60  
VITAL RECORDSTYPE OR PRINT  
WITH BLACK INK

FILING DATE JUN 27 2005

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-05-013072

DECEASED	1. NAME First Middle Last ELIZABETH T. WICKER			2. SEX FEMALE	3a. HOUR OF DEATH 2:43P.m.	3b. DATE OF DEATH (Month, Day, Year) MAY 28, 2005
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 81 Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS MAR 4 1924		6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH DESOTO	
	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) HERMITAGE GARDENS			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA NONE	
	8. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary High School College (0-12) 12 (14-15) 5+	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 414-26-7287		15a. USUAL OCCUPATION (Kind of work done, most of working life) TEACHER		15b. KIND OF BUSINESS OR INDUSTRY HARDING ACADEMY
RESIDENCE Items: For actual location of home rather than mailing address	16a. RESIDENCE—STATE MS	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN		16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 108 CLARINGTON AVE
	17. FATHER—NAME First Middle Last HORACE PORTER TIGRETT			18. MOTHER—NAME First Middle Maiden SUSAN NUNNALLY		
INFORMANT	19a. INFORMANT—NAME (Type or print) CHARLES T. WICKER			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 407 BONDSTONE DR., DALLAS, TX 75218		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY—NAME MEMORIAL PARK CEM.		20c. LOCATION (City and State) MEMPHIS, TN	
	20d. EMBALMER—SIGNATURE AND NUMBER CHARLES VINSON 3556		21a. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) MEMORIAL PARK FUNERAL HOME 522 5668 POPLAR AVE., MEMPHIS, TN 38119			
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Sherri Austin R.N.			22b. PRONOUNCED DEAD (Month, Day, Year) May 28, 2005		22c. PRONOUNCED DEAD (Hour) 2:43P.m. AT
CERTIFIER	23a. CERTIFIER—NAME (Type or print) JEFFREY POUNDERS			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS ROAD, NESBIT, MS 28651		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE 24g. DATE SIGNED (Month, Day, Year) June 5, 2005		
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Cirrhosis Of Liver (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I					Interval between onset and death
Had Decedent been Pregnant Within 90 Days Prior to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) No		28. DATE OF INJURY (Month, Day, Year) m.		29. HOUR OF INJURY m.	
	29a. INJURY AT WORK (Yes or No)		29b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29c. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN 27 2005

Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

1. DECEDENT'S NAME (First, Middle, Last) DR. JOHN URIAH WICKER				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) MARCH 5, 1997	
4. SOCIAL SECURITY NUMBER (of Decedent) 414-18-7903		5a. AGE - LAST BIRTHDAY (Years) 74		5b. UNDER 1 YEAR MOSE DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) NOV. 12, 1922	
7. BIRTHPLACE (City and State or Foreign Country) RIPLEY, MS.		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)						9b. FACILITY NAME (If not institution, give street and number) METHODIST CENTRAL HOSPITAL	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED				11. SURVIVING SPOUSE (If wife, give maiden name) ELIZABETH DONNA TIGRETT		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) DENTIST-ASSOC. PROF.	
13a. RESIDENCE—STATE TENNESSEE		13b. COUNTY SHELBY		13c. CITY, TOWN OR LOCATION MEMPHIS		13d. STREET AND NUMBER OR RURAL LOCATION 3377 PRESCOTT CV.	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE—American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+			
17. FATHER'S NAME (First, Middle, Last) CHARLES E. WICKER				18. MOTHER'S NAME (First, Middle, Maiden Surname) LOUELLA CHILDERS			
19a. INFORMANT'S NAME (Type/Print) ELIZABETH DONNA WICKER				19b. RELATIONSHIP TO DECEASED WIFE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3377 PRESCOTT CV., MEMPHIS, TN 38111	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK CEMETERY		20c. LOCATION—City or Town, State MEMPHIS, TN.			
21a. SIGNATURE OF FUNERAL DIRECTOR DEE AMBROSE		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4362		21c. SIGNATURE OF EMBALMER THOMAS IVY		21d. LICENSE NUMBER OF EMBALMER 4331	
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK FUNERAL HOME, 5668 POPLAR AVE., MEMPHIS, TN 38119				22b. LICENSE NUMBER OF FUNERAL HOME 522			
23. REGISTRAR'S SIGNATURE Beatrice Hester Deputy				24. DATE FILED (Month, Day, Year) MAR 14 1997			
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN William W. Walsh		25b. LICENSE NUMBER 15925		25c. DATE SIGNED (Month, Day, Year) 3/11/97			
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. W.K. WALSH, 1325 EASTMORELAND, MEMPHIS, TN 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Coleen Cancer</u> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

SIGN OR MED. EXAMINER EX-ITING CERTIFICATE 57 COMPLETE AND 1 MEDICAL CERTIF-ION WITHIN 48 RS.

E INSTRUCTIONS IN OTHER SIDE

CAUSE OF DEATH